AscentLivingCommunities
elevating senior living

SUMMARY OF MEDICAL BENEFITS

Gold PPO Plan

Gold PPO Plan		
Plan Year Deductible Employee Only Family	**In-Network** $1,500 $3,000	**Out-of-Network** $5,000 $10,000
Coinsurance	20%	50%
Out-of-Pocket Maximum Employee Only Family	 $5,500 $11,000	 $10,000 $20,000
Preventative Care	100% Covered	50%*
Office Visits Primary Services Specialist Services	 $25 Copay $50 Copay	 50%* 50%*
Hospital Services	20%*	50%*
Emergency Services ** Emergency Room Emergency Medical Transportation	 20%* 20%*	 50%* 50%*
Urgent Care Services	$25 Copay	50%*
Chiropractic Services	$25 Copay	50%*
Mental Health/Chemical Dependency Inpatient Outpatient	 20%* $25 Copay	 50%* 50%*
Prescription Drug Coverage Generic Preferred Brand Non-Preferred Brand Specialty	**Retail 30-Day Supply** 100% Covered $35 Copay $70 Copay $250 Copay	**Mail Order 90-Day Supply** 100% Covered $87.50 Copay $175 Copay Not available

Gold PPO Plan Rates

Amounts shown reflect the member's bi-weekly contributions.

Employee	$69.23
Employee + Spouse	$581.54
Employee + Child(ren)	$346.15
Family	$761.54

NOTES:
This serves as a summary of your benefit plan only. Please refer to your Summary Plan Description for actual coverage, limitation, and exclusion provisions.
* After deductible
** Covered as in-network in true-emergency

VAULT ADMIN SERVICES